



Massachusetts Department of Environmental Protection
Bureau of Air & Waste
Underground Storage Tank (UST) Program
UST5 - Change of Tank Status/Product

UST Facility Name _____

UST Facility ID # _____

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Notes:

• Make additional copies as needed.

• A UST may be taken temporarily out of service (TOS) for no more than five (5) years.

• A tank being TOS does not exempt the owner financial responsibility, compliance certification or third-party inspection requirements, or from the 8/7/2017 deadline for removal/closure of single-walled steel USTs.

Check the appropriate action(s) below. Complete ONLY the appropriate section(s) and submit with the UST1-Cover Sheet/Certification Form.

- ☐ Tank Temporarily Out of Service (TOS) – Section A.1. ☐ TOS Returning To “In Use” – Section A.2.
- ☐ Change of a Regulated Product to a Non-Regulated Product – Section B.

A. USTs Requiring Change in Status

1.Temporarily Out of Service (TOS)				
	Tank ID	Tank ID	Tank ID	Tank ID
a. Date taken out of service:	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
b. Is corrosion protection operational? (Check N/A for non-metallic tanks)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
c. Were all regulated substances removed from the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Was the tank rendered inert per 310 CMR 80.47?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Were all regulated substances removed from the tank managed per applicable requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Was the fill pipe locked/secured to prevent tampering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are all tank vent lines open and operable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Have you maintained the required financial responsibility per 310 CMR 80.51-80.63?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Have you maintained records demonstrating compliance with TOS requirements per 310 CMR 80.36(3)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

2.Temporarily Out of Service (TOS) Returning to “In Use”				
	Tank ID	Tank ID	Tank ID	Tank ID
a. Date of return to “In Use” status:	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
b. Before being returned to service, was the UST system calibrated and operating in accordance with the manufacturer's specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Within 30 days of being returned to service, was a tightness test on the UST and piping performed and passed per 310 CMR 80.42(5)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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B. Change from a Regulated Product to a Non-Regulated Product

Notes:

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	Tank ID	Tank ID	Tank ID	Tank ID
1. Was all liquid and solid material removed from the tank per 310 CMR 80.47 before the change in product was made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Were all regulated substances removed from the tank managed per applicable requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Product changed:	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
4. Date of change in product:	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
5. Was an assessment conducted in accordance with 310 CMR 80.43(4) before the change in product?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No